

### DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: \_\_\_\_\_, the specification of which X is attached hereto or \_\_\_\_\_ was filed on \_\_\_\_\_ as Application No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

#### Prior Foreign Application(s)

Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date

I claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application No.	Date of Filing	Status
		<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned
		<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned
		<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) of the Government of the United States of America as represented by the Secretary of the Department of Health and Human Services, Office of Technology Transfer, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Marlene Astor  
Dale Berkley  
Steven Ferguson  
Stephen Finley  
James C. Haight  
Catherine M. Joyce  
John Peter Kim

Reg. No. 46,005  
Reg. No. 42,319  
Reg. No. 38,488  
Reg. No. 36,357  
Reg. No. 25,588  
Reg. No. 40,668  
Reg. No. 38,514

Jesse Kindra  
Norbert Pontzer  
Richard U. Rodriguez  
Susan S. Rucker  
David R. Sadowski  
Michael A. Shmilovich  
Jack Spiegel

Reg. No. 41,115  
Reg. No. 40,777  
Reg. No. 45,980  
Reg. No. 35,762  
Reg. No. 32,808  
Reg. No. 45,634  
Reg. No. 34,477

Send Correspondence to Appointed Associate Attorney or Agent Address: Guy W. Chambers <b>TOWNSEND and TOWNSEND and CREW LLP</b> <b>Two Embarcadero Center, Eighth Floor</b> <b>San Francisco, CA 94111-3834</b>	Direct Telephone Calls and Facsimiles to Appointed Associate Attorney or Agent:  <b>Name:</b> Guy W. Chambers <b>Reg. No.</b> 30,617 <b>Telephone:</b> (415) 576-0200 <b>Fax:</b> (415) 576-0300
--	--

Full Name of Inventor 1	Last Name Kolobow	First Name Theodor	Middle Name or Initial	
Residence & Citizenship	City Rockville	State/Foreign Country Maryland	Country of Citizenship United States	
Post Office Address	Post Office Address 11408 Hounds Way	City Rockville	State/Country MD	Zip Code 20852

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18 of the United States Code, Section 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
Date	Date	Date